

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Robert D. EDWARDS et al.

Application No.: 09/671,350

Filed: September 27, 2000

For: METHOD AND APPARATUS FOR  
DELIVERY OF DATA OVER A NETWORK )



) Group Art Unit: 2152

) Examiner: Unknown

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APR 24 2001  
Technology Center 2100

Commissioner for Patents  
**BOX PATENT APPLICATION**  
Washington, D.C. 20231

Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

Attached is a copy of the Official Filing Receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

There is an error with respect to the following data which is:

☒ incorrectly entered

☐ omitted

**Error In**

**Correct Data**

☒ Applicant(s)

Robert David Edwards

☒ The correction is not due to any error by the applicants and no fee is due.

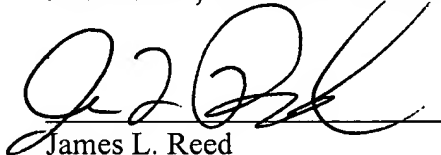
☐ The above correction is due to the applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

☐ Enclosed is a check in the amount of \$25.00.

[X] The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0310.

Respectfully submitted,

**MORGAN, LEWIS & BOCKIUS LLP**

A handwritten signature in black ink, appearing to read 'J. L. Reed', is written over a horizontal line.

James L. Reed

Reg. No. 43,877

Dated: February 5, 2001

CUSTOMER NO. 09629  
**MORGAN, LEWIS & BOCKIUS LLP**  
1800 M Street, N.W.  
Washington, D.C. 20036  
(202) 467-7000

MTB  
JAR

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/671,350	09/27/2000	2152	948	052401-001	2	30	4

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1800 M STREET NW  
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MORGAN, LEWIS &amp; BOCKIUS LLP

FILING RECEIPT

\*OC000000005569862\*

Date Mailed: 11/21/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

David

Robert David Edwards, Woodbridge, CT ;  
John Stephen Wallack, Ridgewood, NJ ;  
Thomas G Peterson, Wallingford, CT ;

## Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/201,266 05/02/2000

## Foreign Applications

If Required, Foreign Filing License Granted 11/21/2000

## Title

Method and apparatus for delivery of data over a network

## Preliminary Class

709

DOCKETED

By KJL Date 11/26/00

Data entry by : WASHINGTON, KAREN

Team : OIPE

Date: 11/21/2000



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Bib Data Sheet

CONFIRMATION NO. 6553

<b>SERIAL NUMBER</b> 09/671,350	<b>FILING DATE</b> 09/27/2000 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2152	<b>ATTORNEY DOCKET NO.</b> 052401-5001
<b>APPLICANTS</b> Robert David Edwards, Woodbridge, CT; John Stephen Wallack, Ridgewood, NJ; Thomas G Peterson, Wallingford, CT;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/201,266 05/02/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/21/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 30
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 009629				
<b>TITLE</b> Method and apparatus for delivery of data over a network				
<b>FILING FEE RECEIVED</b> 474	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	